

Case Number:	CM13-0047764		
Date Assigned:	12/27/2013	Date of Injury:	02/16/2010
Decision Date:	06/03/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	11/04/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 40 year old male who is reported to have sustained work related injuries on 02/16/10. The mechanism of injury is not documented. The claimant is status post a posterior lumbar interbody fusion at L5/S1 performed in 2011. The claimant is reported to have a failed back surgery syndrome with radicular component. It is further noted that the patient has a neurogenic bladder. He is reported to have severe depression and anxiety as a result. Medications include Oxycodone 30 mg, Zolpidem 10 mg, Omeprazole 20 mg, Soma 350 mg, Gabapentin 800mg, Nexium 20 mg, Xanax 1mg, Enablex (urology), Rapaflo (urology), and Viagra (urology). On examination there is antalgia, spasm in the right lumbar region, reduced motor strength, right tibialis anterior is 3+/5, right EHL is 3+/5, right plantar flexor 4+/5, and right dorsiflexors 4+/5. Sensory is decreased in the right L4 and L5 distributions. Deep tendon reflexes are reduced but symmetric.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

OMEPRAZOLE 20MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, regarding NSAIDs, GI symptoms and cardiovascular risk, states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." The submitted clinical records indicate the injured worker has chronic pain associated with a failed back surgery syndrome, neurogenic bladder, and active radiculopathy. The records indicate the injured worker takes multiple medications for the sequela of this injury. However, the submitted records fail to provide any data indicating the presence of a medication induced gastritis. The request for Omeprazole 20 mg # 60 is not medically necessary and appropriate.

ZOLPIDEM 10MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Chronic Pain, Zolpidem.

Decision rationale: According to the Official Disability Guidelines (ODG) Ambien is only recommended for the short term treatment (2 to 6 weeks) of sleep disturbance and should be discontinued with the normalization of sleep patterns. The medical records provided for review do not indicate that the patient has undergone a sleep assessment or that there are extenuating circumstances to establish the medical necessity for continued use. Therefore the request for Zolpidem # 30 is not medically necessary and appropriate.

XANAX 1MG, # 90, THREE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines does not recommend the chronic use of benzodiazepines as the long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. While the claimant is noted to have comorbid depression the record provided does not establish the efficacy of this medication. The request for Xanax 1mg # 90, three refills is not medically necessary and appropriate.

NEXIUM 20MG #30, THREE REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Drugs.com.

Decision rationale: According to Drugs.com, "Nexium (esomeprazole) belongs to a group of drugs called proton pump inhibitors. Esomeprazole decreases the amount of acid produced in the stomach. Nexium is used to treat symptoms of gastroesophageal reflux disease (GERD) and other conditions involving excessive stomach acid such as Zollinger-Ellison syndrome. Nexium is also used to promote healing of erosive esophagitis (damage to your esophagus caused by stomach acid).Nexium may also be given to prevent gastric ulcer caused by infection with helicobacter pylori (H. pylori), or by the use of nonsteroidal anti-inflammatory drugs (NSAIDs). According to the MTUS Chronic Pain Medical Treatment Guidelines, regarding NSAIDs, GI symptoms and cardiovascular risk, states, "Determine if the patient is at risk for gastrointestinal events: (1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA) Recent studies tend to show that H. Pylori does not act synergistically with NSAIDS to develop gastroduodenal lesions." In this case, the submitted clinical records indicate the injured worker has chronic pain associated with a failed back surgery syndrome, neurogenic bladder, and active radiculopathy. The records indicate the injured worker takes multiple medications for the sequela of this injury. However, the submitted records fail to provide any data indicating the presence of a medication induced gastritis. As such there is no clinical indication for this medication and medical necessity is not established. The request for Nexium 20mg 3 90, three refills is not medically necessary and appropriate.

GABAPENTIN 800MG #90, THREE REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, regarding AED's, states, "Recommended for neuropathic pain (pain due to nerve damage). There is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs and mechanisms. Most randomized controlled trials (RCTs) for the use of this class of medication for neuropathic pain have been directed at postherpetic neuralgia and painful polyneuropathy (with diabetic polyneuropathy being the most common example). There are few RCTs directed at central pain and none for painful radiculopathy." The submitted clinical records indicate the injured worker has chronic pain associated with a failed back surgery syndrome, neurogenic bladder, and active radiculopathy. The records indicate the claimant has objective evidence of an active radiculopathy for which this medication is indicated. The request for Gabapentin 800mg #90, three refills is medically necessary and appropriate.

SOMA 350MG #90, THREE REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

Decision rationale: Soma is not recommended under the MTUS Chronic Pain Medical Treatment Guidelines as it has a high abuse potential and can have a synergistic effect when combined with other medications. Furthermore, Soma is not indicated for long-term use. As such the continued use of this medication is not supported under the MTUS guidelines. The request for Soma 350mg #90, three refills is not medically necessary and appropriate.

OXYCODONE HCL 30 MG #240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, regarding on-going management of opioids, state, "Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." In this case, the records indicate the injured worker has very high levels of pain secondary to their diagnoses. Furthermore, there is no evidence of misuse and there is evidence of benefit. The request for Oxycodone HCL 30mg # 240 is medically necessary and appropriate.

PSYCHIATRIST EVALUATION AND TREATMENT: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain, Psychological evaluations.

Decision rationale: According to the Official Disability Guidelines (ODG), regarding psychological evaluations, "The following is a list of patients who are especially recommended for psychological evaluation pre- trial; (a) Those who present with constant pain and report high overall levels of distress; (b) Patients' who have a history of failure of conservative therapy; (c) Patient's who have a history of failed surgery; (d) Patients who have significant psychological risk factors such as substance abuse, serious mood disorders, or serious personality disorders. Psychological predictors of success and/or failure of implantable treatment are still under research, and there is at least one study that has found psychological testing to be of modest value (although this was based on a cohort of patients that had been pre-screened by their surgeon). However, the screening should be performed by a neutral independent psychologist or psychiatrist unaffiliated with treating physician/ spine surgeon to avoid bias." In this case the record identifies that the claimant has developed comorbid depression secondary to the work related diagnosis. As such the claimant requires psychological evaluation and treatment and medical necessity is established. The request for a psychiatrist evaluation is medically necessary and appropriate.

GASTROINTESTINAL (GI) EVALUATION AND TREATMENT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

Decision rationale: According to the ACOEM Guidelines, Chapter 7, "The occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychological factors are present, or when the plan or course of care may benefits from additional expertise. An independent medial assessment also may be useful is avoiding potential conflicts of interest when analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. When a physician is responsible for performing an isolated assessment of an examinee's health or disability for an employer, business, or insurer, a limited examinee-physician relationship should be considered to exist." In this case, the records do not suggest the presence of medication induced gastritis. In the absence of documented symptoms the medical necessity for referral is not established. The request for Gastrointestinal (GI) evaluation and treatment is not medically necessary and appropriate.